



41 3762

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "B"

APPLICANTS: Mart MIN et al GROUP ART UNIT: 3762
SERIAL NO.: 09/937,971 EXAMINER: Joseph S. Machuga
FILED: October 1, 2001 CONFIRMATION NO.: 8948
TITLE: "A RATE ADAPTIVE PACEMAKER"

MAIL STOP NON-FEE AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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JUN 03 2004

TECHNOLOGY CENTER R3700

S I R:

In response to the Office Action dated March 1, 2004, Applicants herewith
amend the application as follows.



TELEPHONE (312) 258-5500

SCHIFF, HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 3762

MAIL STOP NON-
FEE AMENDMENT
(PCT)

IN RE APPLICATION OF:

Mart MIN et al

SERIAL NO.:

09/937,971

EXAMINER: Joseph S. Machuga

FILED:

October 1, 2001

CONFIRMATION NO.: 8948

TITLE:

**"A RATE ADAPTIVE PACEMAKER"
AMENDMENT "B"**

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

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TECHNOLOGY CENTER R3700

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*11	MINUS	11	X	() X 9.00 () X 18.00	
INDEP. CLAIMS	*1	MINUS	1	X	() X 43.00 () X 86.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$145.00 () \$290.00 ONE TIME	
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

**

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF, HARDIN LLP (Customer Number: 26574)

Patent Department

BY

Steven H. Noll

(28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on May 26, 2004

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

May 26, 2004

DATE